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7/22/80

TO: Fabian A. Kwiatek
Assistant Legal Adviser
Department of State
Washington, D.C. 20520

From: Harry Mercer
6024 Masters Street
Philadelphia, PA

RE: Mercer vs. United States
#CV 79-04471-AAH(PX)

DEPARTMENT OF STATE A/CDC/MR
REVIEWED BY [signature] DATE 3/27/81
☐or. XDS☐EXT. DATE
TS AUTH. REASON(S)
ENDORSE EXISTING MARKINGS ☐
DECLASSIFIED☐ RELEASABLE☒
RELEASE DENIED☐
or FOI EXEMPTIONS

I Harry Mercer, of the said address, hereby make a sworn statement that all the information given on the enclosed form (95-105) is true and correct to the best of my knowledge.

I state that at the said time and place, the decedent, Henry Mercer, and approximately 900 members of the "Peoples Temple" were induced and/or coerced to drink a liquid containing a poisonous and deadly substance commonly known as cyanide, which proved to be fatal.

I therefore make a claim for $1,000,000.00 against the United States Government for the wrongful death of the decedent. I state further, that Laurence Ring, Esq., shall be my legal represenative in this matter.

All this is true and correct to the best of my knowledge:

[signature]
Harry Mercer
7/22/80

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Prepare in ink or typewriter. Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary.

Form Approved OMB No. 80-R1111.

1. SUBMIT TO

2. NAME AND ADDRESS OF CLAIMANT (Number, street, city, State, and Zip Code)
Harry Mercer
6024 Masters Street
Philadelphia, PA

3. TYPE OF EMPLOYMENT
[X] MILITARY
[ ] CIVILIAN

4. AGE: 38

5. MARITAL STATUS: Married

6. NAME AND ADDRESS OF SPOUSE, IF ANY (Number, street, city, State, and Zip Code)

7. PLACE OF ACCIDENT (Give city or town and State. If outside city limits, indicate mileage or distance to nearest city or town)
Jonestown, Guyana

8. DATE AND DAY OF ACCIDENT
Nov. 18, 1978

9. TIME (A.M. OR P.M.)

10. AMOUNT OF CLAIM (In dollars)

A. PROPERTY DAMAGE	B. PERSONAL INJURY	C. WRONGFUL DEATH	D. TOTAL
		$1,000,000.00	$1,000,000.00

11. DESCRIPTION OF ACCIDENT (State below, in detail, all known facts and circumstances attending the damage, injury, or death, identifying persons and property involved and the cause thereof)

At said time and place, the decedent, Henry Mercer, and approximately 900 members of the "Peoples' Temple" were induced and/or coerced to drink a liquid containing a poisonous and deadly substance commonly known as cyanide, which proved to be fatal.

12. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

BRIEFLY DESCRIBE KIND AND LOCATION OF PROPERTY AND NATURE AND EXTENT OF DAMAGE (See instructions on reverse side for method of substantiating claim)

13. A. PERSONAL INJURY

STATE NATURE AND EXTENT OF INJURY WHICH FORMS THE BASIS OF THIS CLAIM

14. WITNESSES

NAME	ADDRESS (Number, street, city, State, and Zip Code)

15. I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

SIGNATURE OF CLAIMANT (This signature should be used in all future correspondence)

16. DATE OF CLAIM

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant shall forfeit and pay to the United States the sum of $2,000, plus double the amount of damages sustained by the United States. (See R.S. §3490, 5438, 31 U.S.C. 231.)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than $10,000 or imprisonment for not more than 5 years or both. (See 62 Stat. 698, 749; 18 U.S.C. 287, 1001.)

GENERAL SERVICES ADMINISTRATION-FPMR 101-11.8

STANDARD FORM 95

INSTRUCTIONS

Complete all items—Insert the word NONE where applicable

Claims for damage to or for loss or destruction of property, or for personal injury, must be signed by the owner of the property damaged or lost or the injured person. If, by reason of death, other disability or for reasons deemed satisfactory by the Government, the foregoing requirement cannot be fulfilled, the claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing authority to act.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 10 of this form. Separate claims for personal injury and property damage are not acceptable.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically reparable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

Any further instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #1 on the reverse side.

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

17 DO YOU CARRY ACCIDENT INSURANCE? ☐ YES, IF YES, GIVE NAME AND ADDRESS OF INSURANCE COMPANY (*Number, street, city, State, and Zip Code*) AND POLICY NUMBER. ☐ NO

Not applicable

18 HAVE YOU FILED CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE, AND IF SO, IS IT FULL COVERAGE OR DEDUCTIBLE?

Not applicable

19. IF DEDUCTIBLE, STATE AMOUNT.

Not applicable

20 IF CLAIM HAS BEEN FILED WITH YOUR CARRIER, WHAT ACTION HAS YOUR INSURER TAKEN OR PROPOSES TO TAKE WITH REFERENCE TO YOUR CLAIM? (*It is necessary that you ascertain these facts*)

Not applicable

21 DO YOU CARRY PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE? ☐ YES, IF YES, GIVE NAME AND ADDRESS OF INSURANCE CARRIED (*Number, street, city, State, and Zip Code*) ☐ NO

Not applicable

GPO 918—16—81478-1 484-800